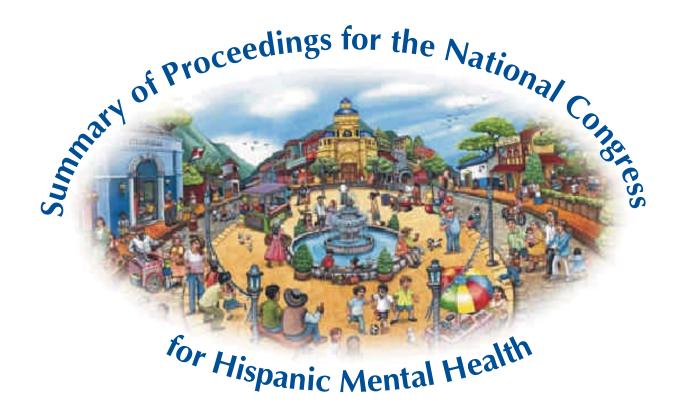
# "Creating A Vision For the 21st Century"



# **Special Preview**







# SAMHSA/CMHS

# National Congress for Hispanic Mental Health

"Creating a Vision for the 21st Century"

# SUMMARY OF CONGRESS PROCEEDINGS March 2000

SPECIAL PREVIEW





# National Congress for Hispanic Mental Health Special Preview

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#### NATIONAL CONGRESS FOR HISPANIC MENTAL HEALTH

#### Creating a Vision for the 21st Century

#### **PREFACE**

Hispanics are growing in population size, positions of leadership, and economic impact within the United States. At the same time, they face higher levels of poverty, lower levels of educational attainment, lower insurance coverage, and cultural and linguistic differences. Each of these factors contribute to a greater risk for health and mental health problems. These differences create disparities in access to services.

The President and the Secretary of Health and Human Services (HHS) have made a commitment to promote mental health for all Americans, and HHS has targeted addressing the public health needs of Hispanics through its Agenda for Action. The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Centers recognize that programs need to be built from the local Hispanic community level, not structured from afar. Moreover, the services to be provided cannot be based on a "one-size-fits-all" approach. We know that health care messages and treatment must be presented in a culturally appropriate way that can be adopted and accessed by the Hispanic community.

In March 2000, SAMHSA and its Center for Mental Health Services (CMHS) acknowledged the growing mental health service needs of the Hispanic community by sponsoring a National Congress for Hispanic Mental Health. SAMHSA/CMHS determined that services must be more accessible, appropriate, and responsive to the needs of the community and declared the need for a plan to serve as tomorrow's heirloom for the next generation. The aim: to create a vision for Hispanic mental health for the new century.

The spirit, commitment, and hard work of Hispanic leaders and partners during the National Congress is evidenced by the creation of a National Agenda for Hispanic Mental Health and an Action Plan that moves a vision into reality. They built a house solidly of the bricks and mortar of collaboration and committed to remaining united, working together, from the community up to the national level. Therecommendations and actions contained within the National Agenda and Action Plan are both timely and wide-reaching. They focus on all levels -- from national to State, local, and grassroots -- for action and commitments.

We, at SAMHSA and CMHS, know that a vision is only a dream unless you have action. The National Agenda for Hispanic Mental Health and Action Plan offers a challenge to all of us to create a system of care that is seamless and culturally appropriate to all communities. Continued commitment-building, partnering, and accountability is needed at the Federal, State, and grassroots level to ensure that the work resulting from the National Congress has an impact on the mental health of the Hispanic community.

As the leadership at SAMHSA and CMHS, we will continue to move forward with our mission to improve mental health for all Americans. We challenge everyone to work with us in taking action to better meet the mental health service needs of the Hispanic community. Many tasks lie ahead.

SAMHSA/CMHS will work to determine which of the identified actions within the Agenda and Action Plan we can implement. Each of us must make our voice heard, to move the vision for tomorrow's generation forward.

Nelba Chavez, Ph.D.

Administrator

Substance Abuse and Mental Health Services Administration

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Bernard S. Arons, M.D.

Director

Center for Mental Health

Services

#### SUMMARY OF PROCEEDINGS FOR THE NATIONAL CONGRESS FOR HISPANIC MENTAL HEALTH MARCH 2000

#### The Issue...

The growth of the Hispanic population is enriching the diversity of the United States culture, while presenting unique challenges to health care systems which are not yet prepared to manage those differences. Hispanics are a broadly diverse population with many different histories and paths to the United States — from Central America, Cuba, Mexico, Puerto Rico, South America, the Caribbean, and elsewhere. Individual, family, and community experiences vary, even within the Hispanic community.

The Hispanic population, growing across the length and breadth of the United States, is projected to more than double in size in the United States, from just under 12 percent of the current U.S. population to almost 25 percent by the year 2050. In fact, Hispanics will soon become the largest minority population in the United States. Already, Hispanics are the youngest of America's racial and ethnic groups, with a mean age under 30 years.

As the population continues to grow, specific and unique health, social, economic, and educational needs will have more of a societal impact. Demographics currently report high levels of poverty and relatively low levels of educational attainment, which place many Hispanics at significant risk for health problems, including mental health problems, and may make it difficult to know how to access U.S. health care systems. This significant risk is further complicated by the low rate of health care insurance coverage. In fact, Hispanics have the lowest insurance coverage rates among the major U.S. ethnic groups. In 1998, 35 percent of working Hispanics were without insurance, and 44 percent of the Hispanic poor were without insurance. These facts are further complicated by cultural and language differences that the current health care system is not prepared to appropriately address.

Studies are showing that Hispanics with diagnosed mental disorders are receiving insufficient mental health care and have disparate access to and availability of services. It is not entirely surprising, then, that, of all Hispanic adults identified with mental disorders, fewer than 18 percent sought help from health care professionals — and less than half of those professionals were specialists in mental health care. Unfortunately, many mental health facilities are unsuccessful in reaching Hispanics.

#### The Call for Action...

Mental health problems exist in every racial and ethnic group and are a burden on the individual who is ill, their family, and, ultimately, our society. In fact, mental illnesses such as depression

and schizophrenia are among the most disabling of any health condition. The social, economic, familial, and personal costs of mental illness are too great to let any individuals suffering from mental illness go untreated.

The Hispanic population's growth and its concomitant need for appropriate mental health services led to a call for action from Hispanic community leadership from across the country, including stakeholders, consumers, and providers. That call argued that the quality and availability of services must be improved, data collected, and programs validated and designed to address the unique needs of the Hispanic community. The community demanded that actions taken be appropriate to the diversity among Hispanics.

#### Answering the Call...

The voice of the Hispanic community has been heard by the United States government. In 1996, the Secretary of the Department of Health and Human Services (HHS), Donna Shalala, launched the HHS Hispanic Agenda for Action: Improving Services to Hispanic Americans. This Agenda called for improved health care delivery for Hispanic Americans. In 1998, President Clinton announced his Racial and Ethnic Health Disparities Initiative, calling for elimination of disparities in health status among racial and ethnic minorities by 2010. Following this announcement, the White House hosted the first ever Conference on Mental Health, providing the necessary leadership to place mental health on a level playing field with other serious, debilitating illnesses.

Following the White House Conference, the U.S. Surgeon General issued the first ever Report on Mental Health in 1999. The report described both the treatment opportunities and the gaps in access to and availability of treatment for mental illness. Emphasizing the importance of addressing disparities among ethnic and racial minorities, the Surgeon General announced the development of a supplemental report on racial and ethnic disparities in mental health, to be issued later this year. Finally, to provide support for these initiatives, the President's fiscal year 2001 budget proposal calls for special increases in Federal expenditures for mental health services and related activities that could benefit millions of Hispanics.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the designated lead for implementing the Administration's efforts to advance the nation's mental health services, including the goals and objectives outlined in the 1996 HHS Hispanic Agenda for Action.

SAMHSA works to ensure that cultural, racial, and ethnic values and traditions guide the development and delivery of its programs and services. For the Hispanic community, SAMHSA has put understanding into action for the Hispanic communities it serves through the design of grant programs, the nature of communications and outreach to the Hispanic community, and

through its commitment to culturally competent prevention and treatment specialists at the local level. Specifically, through its many programs and activities, SAMHSA is working in partnership with the community to reach Hispanic female adolescents, target alcohol abuse among Hispanics, keep the workplace drug free, expand treatment capacity for Hispanic communities, serve seriously emotionally disturbed children and their families, develop standards of Hispanic mental health care, reach out to homeless Hispanic women and their children, and collect data through the National Household Survey on Drug Abuse to assess drug abuse and its co-occurring relationship with mental health.

#### Bringing the Community Together...

Recognizing the continuing need for targeted services and outreach to the Hispanic community, SAMHSA and its Center for Mental Health Services (CMHS) answered the call for action from the Hispanic community by bringing together a Steering Committee of Hispanic leaders to determine how best to improve mental health services for their community. The Committee envisioned an effective mental health care delivery system for Hispanic Americans guided by national, State, and local policy and action, developed under Hispanic leadership. Further, the system envisioned would be community-based, involving community leaders and community institutions, including schools, churches, social agencies, the justice system, consumers, and their families.

To achieve this vision, the Committee called for a summit of key Hispanic stakeholders to set an agenda for change and a plan for how to make that change happen. With SAMHSA/CMHS support, the "National Congress for Hispanic Mental Health" was held in March 2000.

The key stakeholders represented a broad spectrum of the mental health services community -from policy makers to consumers, service providers to researchers, faith community leaders to
families. They worked in partnership with leaders from national organizations; Federal, State,
and local government officials; representatives from foundations and universities; and political
officials from State and national legislatures.

#### Consensus on an Agenda and an Action Plan...

Stakeholders and partners worked hard during the two-day meeting in March, producing a comprehensive National Agenda for Hispanic Mental Health that established goals and recommendations in topic areas including consumer and family education, early intervention and prevention, improved mental health services, standards, accreditation and regulation, human resource development and research. The Agenda, supported by the consensus of the National Congress, provides a foundation for Hispanic leaders to increase their ability to impact on mental health services in America.

The National Congress also took the next step of identifying a wide range of action items that would contribute to achieving the Agenda. This Action Plan creates opportunities for increasing Hispanic representation in decision-making and for assuring the adoption of cultural competence standards throughout all levels of the mental health system. The Agenda and the Action Plan reflect the critical importance of consumer and family leadership in improving mental health services and in overseeing service system accountability to its customers, particularly those in Hispanic communities. The foundation is well laid.

#### Priorities for Action...

The national dialogue focused on funding for research, service delivery, and closing treatment gaps; education and outreach to decision makers on mental health service needs and inclusion of the Hispanic community; incorporation of cultural competence across systems; systems of care for prevention and early intervention services across the life cycle; education and training for primary care providers, consumer and family advocacy, faith-based interventions, screening for mental health, and cultural competence; inclusion of consumers across all areas, including research, curricula development, workforce, policy, and programs; implementation of standards for cultural competence, clinical access, and outcomes; and workforce development through recruitment and retention strategies.

Four key priority themes emerged from the Agenda and Action Plan:

Assuring Access to Mental Health Care and Supportive Services - National Congress participants identified a number of steps that can be taken to reduce barriers to care. Such steps can address health policy and institutional barriers. With regard to health policy barriers, health insurance that provides coverage for mental health services is imperative for Hispanics. Without such insurance, economic barriers will continue to prevent Hispanics from seeking care.

Health policies must ensure prevention and early intervention services across the life cycle that are responsive to the Hispanic community and culture, in order to improve mental health and reduce demands on the service systems.

With regard to institutional barriers, facilities must be operated in a manner that ensures providers and all staff reach out to Hispanic consumers and their families within their communities and homes and across all service systems such as community health centers, substance abuse treatment services, welfare, criminal justice, and foster care, in order to treat persons from low income, low education, and low acculturation communities.

To further address institutional barriers, close gaps, and eliminate service disparities, cultural competence standards must be incorporated into all service systems, effectively making every door an open door to culturally relevant and appropriate care for all Hispanic subgroups.

Conducting Relevant Applied Research to Inform Service Delivery - National Congress participants recognized the considerable gains made in developing pharmacologic and psychosocial interventions for the general population. Further collaborative research efforts must be undertaken to insure the effectiveness of these state-of-the-art treatments for Hispanics. With regard to psychosocial interventions, that is, those treatments in which patients and their families learn how to successfully address their illness, it is critical that such interventions can be validated both culturally and linguistically for Latinos. With regard to psychopharmacological treatment, clinical trials of existing and new medications must be carried out with Hispanics to insure their effectiveness with this ethnic group.

Services exist to effectively treat a wide range of mental health problems. Validation of such treatments both culturally and linguistically is imperative for Hispanics. Further such efforts are needed to learn which specific interventions work best for Hispanics and the conditions and contexts under which best care is possible, from faith community and family to home and community.

Improving Human Resources and Training the Next Generation - The mental health service needs of a growing Hispanic community must be met with a significant infusion of culturally competent and linguistically appropriate personnel into community-based systems across the country. National Congress participants believed that, most importantly, Hispanics need to be appointed to key leadership positions at the national, state, and local levels, with a specific commitment to work towards a Federal government workforce that is representative of the U.S. population. Hispanics must be recruited actively to work at all skill levels within the mental health workforce. Staff who are culturally and linguistically competent and are knowledgeable of the socio-cultural basis of Hispanics' daily lives are essential. Initiatives should be undertaken to increase the numbers of bi-cultural and bi-lingual professionals. Further, strategies must be developed to attract Hispanic youth to mental health careers.

Primary care providers -- not just mental health professionals — must be trained to provide appropriate and regular screening for mental health disorders, using a strength-based, culturally competent approach. In addition, establishing collaborative relations between primary care providers and mental health specialists can increase accessibility to mental health care and improve consumers' mental health status. This is particularly critical because Hispanics with mental disorders are more likely to seek care from primary care providers than mental health specialists.

Finally, cultural competence training should be a part of all training and educational curricula and a requisite for licensing and credentialing for all workers in the field of mental health.

**Ensuring Accountability** - Performance measures and outcome-based accountability across systems of care must be put into place to ensure that the Hispanic community's mental health

needs are being met. Actions taken must ensure that mental health cultural competence standards and national performance measures are included in all regulations, professional accreditations, grants/contracts, State-based certifications, and college/university credits. Such accountability must extend beyond the mental health service system to other systems which interface with mental health, including justice, welfare, education, housing, and primary care.

#### Developing the Necessary Leadership...

National Congress participants recognized that identifying what needed to happen and how to make it happen was not enough. Leadership was necessary to carry it out. Knowing that the National Agenda and Action Plan was developed by a nationally representative group of leaders from the Hispanic community and key partners from all levels and sectors of society -- national, State, and grassroots -- the Hispanic stakeholders felt strongly that the implementation of those plans must be carried out in a similar fashion. While SAMHSA/CMHS facilitated an opportunity for National Congress participants to create a vision for Hispanic mental health, consumers, providers, clergy, researchers, and leaders of national organizations must work in partnership with all Federal, State, and local leadership to affect change.

The consumers provided a strong and active voice throughout the planning of the National Congress, as well as during the Congress itself. Coming together as *Tenemos Voz*, or "We Have a Voice," representatives of the consumer community demonstrated their leadership effectiveness and understanding of the mental health needs of the Hispanic community. This group worked together and made plans to create a national consumer organization, building a movement to ensure coordinated and targeted education and advocacy around mental health and mental illness.

Similarly, the Steering Committee as a whole provided strong leadership in the planning and implementation of the National Congress. As a result, Congress participants called for the creation of a national organization for Hispanic mental health, empowering the Steering Committee to take the necessary action to move forward with planning such an endeavor. This organization will serve as a point of contact for ensuring continued progress as a result of the National Congress.

Stakeholders from the Congress plan to move forward with their National Agenda for Hispanic Mental Health and Action Plan and welcome the opportunity to collaborate with others to respond to the mental health care needs of the Hispanic community.

In answering the call to action from the Hispanic community, SAMHSA/CMHS provided the support necessary to bring the key Hispanic stakeholders and partners together to create a vision for the future of Hispanic mental health. SAMHSA/CMHS is working with the community to put the words into action.

# NATIONAL AGENDA FOR HISPANIC MENTAL HEALTH



NATIONAL CONGRESS FOR HISPANIC MENTAL HEALTH

#### NATIONAL AGENDA FOR HISPANIC MENTAL HEALTH

#### NATIONAL CONGRESS FOR HISPANIC MENTAL HEALTH

#### Overview

On March 20, 2000, a diverse group of Hispanic stakeholders convened to identify key policy and practice recommendations regarding Latino mental health promotion, early intervention, and treatment. Consisting of consumers, family members, providers of services, policymakers, members of national and local advocacy organizations, and researchers, stakeholders covered a wide variety of topics relevant to Latino mental health including research and mental health services. Discussions on mental health services were expanded to include standards of health care, human resources, consumer and family needs, cultural competence, and community education.

After much discussion on these topic areas, stakeholders came to the consensus that mental health services should be developed with FUERSA! (FUERSA is phonetically spelled for purposes of the linkage to the values. Correct spelling is fuerza, or strength). This acronym is defined as follows:

F → Focus on cultural competence and

U → utilize community resources while

 $\mathsf{E} \qquad \qquad \mathsf{eliminating} \ \mathsf{disparities} \ \mathsf{in} \ \mathsf{funding} \ \mathsf{of} \ \mathsf{services}.$ 

The mental health system should

R → reinforce cultural values by recognizing

S  $\rightarrow$  strengths of consumers and their families

while implementing a holistic approach to services.

There should be

A → access to services for all groups.

To ensure relevance, stakeholders worked within the context of Hispanic mental health in the United States. The most recent psychiatric epidemiological study conducted with 3012 Mexican Americans from Fresno, California found that 48% of those born in the United States developed a mental health or substance abuse disorder. In addition, the Center for Disease Control found in a nation-wide study that Hispanic youth had proportionally more suicidal ideation and specific suicidal attempts than Caucasians and African Americans. Specifically, 23% of Hispanics considered the possibility of suicide whereas 10% reported having attempted suicide.

Despite the considerable need for mental health and substance abuse services, Latinos are not accessing mental health services. Of those persons identified with mental disorders, less than 9% contacted mental health care professionals and less than 18% contacted health care providers. The problem is much worse for immigrants: less than 5% access mental health services whereas less than 11% utilize services from general health care providers. The available research on Hispanic adults and children clearly points out the considerable unmet need for mental health care.

## **Summary of Agenda Items and Themes**

In accordance with FUERSA, stakeholders determined that Hispanics have a great need for mental health and substance abuse services that are socially, culturally, and linguistically appropriate.

Agenda recommendations were designed to address the need for socially, culturally, and linguistically appropriate mental health and substance abuse services. As a result, the following key objectives were identified: to increase funding for research, innovative service delivery, and gaps in services; to educate decision makers on the needs for mental health services, funding, and inclusion of Hispanics; to incorporate cultural competence across systems, including services, research, and academia; to ensure systems of care for prevention and early intervention across the life cycle in early childhood settings, community, schools, and homes; and to involve the faith-based community; to ensure inclusion of consumers and family members in research development, curricula development, accreditation, boards, and the mental health workforce; to implement standards, regulations, and accreditation for cultural competence, clinical access, and outcomes; and to ensure workforce development through recruitment and retention.

Key themes of the agenda-setting process were: a strength-based approach to prevention, the consumer as a partner, innovative approaches to service delivery and research, and a holistic approach to mental health, with the mind/body/mental health connection.

Detailed recommendations and explanations of the Agenda for Action for Hispanic Mental Health follow.

## (1) CONSUMER, FAMILY & COMMUNITY EDUCATION

**GOAL:** To empower consumers, family members, Hispanic community-based organizations, and faith institutions to lead the mental health agenda to ensure cultural competency.

#### Key Issue:

Develop and implement nationwide Hispanic-specific mental health education and training programs in partnership with Hispanic community support networks (e.g. faith-based and community-based organizations and practitioners etc.).

Recommendation: Include Hispanic representation on national, State, and local mental health advocacy group boards in order to address Hispanic issues and concerns in the development of all programs and policy recommendations.

- Public funds are not dispersed to any organizations that lack Hispanic representation
- Private mental health funding sources to only finance culturally competent programs.

Recommendation: Ensure funding for Hispanics proportional to the growing demographics and need to achieve goals.

• Twenty-five programs in 25 states annually until the goal is achieved.

Recommendation: Educate government and elected officials on Hispanic specific needs and issues.

- Hispanic cultural competency training for national, State, local government and elected officials
- Federally funded training of elected officials specifically on Hispanic cultural competency in mental health by a Hispanic organization.

Key Issue: Create and finance a national Hispanic Mental Health Consumer and Family network.

Recommendation: Promote consumers and families as equal partners with decision makers in policy development, funding allocation, program design, and service delivery models.

• Funded programs must demonstrate the inclusion and incorporation of consumers and families in all design and implementation processes for initial receipt and continuation of funding

Recommendation: Train and educate Hispanic consumers and family members to become leaders in order to educate and inform Congress.

• Federally funded training of consumers and family members for leadership development.

Recommendation: Educate funding sources on the importance of supporting relevant Hispanic community issues for consumer/family driven community-based research.

# (2) ACCREDITATION, STANDARDS, REGULATION AND HUMAN RESOURCES

**GOAL:** To develop an adequate cadre of culturally competent personnel sufficient to resolve the national crisis in mental health services for Hispanics.

#### **Key Issue:** Human Resources

Recommendation: Attract Hispanic leadership and professional involvement in mental health as well as increase awareness of Hispanic mental health needs and opportunities in our own community and mainstream institutions and policy forums.

Recommendation: Actively recruit and retain a Hispanic mental health workforce at all educational and skill levels, inclusive of traditional and non-traditional service providers.

Recommendation: Reform education and training at all levels by incorporating Hispanic mental health and culturally competent curriculum in partnership with academia, public and private sectors, consumers, and families to meet Hispanic mental health needs.

**GOAL:** To establish performance outcome-based accountability across systems.

#### **Key Issue:** Develop standards and accreditation to address cultural competence needs.

Recommendation: Implement the National Hispanic mental health cultural competence standards and the national performance measures within Health Care Financing Administration regulations, clinical and professional accreditation. (e.g., Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA), The Rehabilitation Accreditation Commission (CARF), etc.)

Recommendation: Implement and enforce clinical access, outcome standards at national, State and local levels.

Recommendation: Promote integration of the cultural competency standards and accountability measures across systems that interface with mental health (e.g., justice, welfare, education, housing, primary care etc.).

## (3) PREVENTION AND EARLY INTERVENTION

GOAL: To improve prevention and early intervention services in the Hispanic community.

**Key Issue:** Develop an information and referral system.

Recommendation: Enforce and make accountable an information and referral system that is comprehensive, reaches the Latino population effectively, and incorporates FUERSA (focus on cultural competence, utilizing the community, every domain specific, reinforce cultural values, strength-based, across ages).

**Key Issue:** Train primary care providers.

Recommendation: Train primary care providers in the screening of mental health disorders with FUERSA.

**Key Issue:** To develop a mental health community education system for prevention.

Recommendation: Develop a user and child friendly mental health community education system for prevention which is responsive to the needs of the Hispanic population.

**Key Issue:** To develop focus on positive development programs across the life cycle.

Recommendation: Provide community-based services in early childhood care and education for children zero to five years (e.g., expand Head Start beyond 40% children eligible in Hispanic community) with a family and community focus from a strength-based perspective

Recommendation: Provide school-based services, including before and after services, and community-based services for children and youth 5 - 20 years with a family and community focus with a strength-based perspective.

Recommendation: Provide community- and home-based mental health services for the care of older adults with a family and community focus from a strength-based perspective.

## (4) MENTAL HEALTH SERVICES

**Goal:** In order to promote and foster the wellness of all Hispanics, mental illness is a health condition that must be understood in a social, cultural and linguistic context, and quality, comprehensive and effective services must be delivered in a manner that incorporates traditional and nontraditional interventions that are competent to meet the needs of Hispanic populations.

**Key Issue:** Policy development

Recommendation: Create and/or change Federal, State and local policy to eliminate Hispanic health disparities and support the delivery of efficient, effective and innovative mental health services in all settings.

**Key Issue:** Funding development

Recommendation: Public and private new and existing funding streams must close gaps and eliminate disparities in mental health services for Hispanics.

**Key Issue:** Program development

Recommendation: Programs must deliver quality, comprehensive, efficient and effective mental health services, providing innovative interventions that are culturally and linguistically competent to all Hispanics.

## (5) HISPANIC RESEARCH

GOAL: To improve Latino mental health and substance abuse services through research.

**Key Issue:** Promote research effective services and improved outcomes for Latinos

Recommendation: Make Latino mental health and substance abuse research an immediate priority for funding agencies in order to promote effective, culturally/linguistically competent services and outcomes directly relevant for Latinos, consumers, families and the community.

**Key Issue:** Latino Participation

Recommendation: Substantially increase the number of Latinos who conduct research in the field of mental health and substance abuse. (See also #2)

**Key Issue:** Research Methodology

Recommendation: Identify, develop, evaluate, and disseminate innovative research models and methods that are appropriate for use in Latino communities. These multi-modal and multi-disciplinary research models should include built-in mechanisms for ongoing feedback from consumers, communities and other stakeholders.

# **ACTION PLAN**

# THE NATIONAL AGENDA FOR HISPANIC MENTAL HEALTH



# **National Congress for Hispanic Mental Health**

This document is a living product, subject to change as actions are completed and other actions identified.

#### Introduction

The National Congress on Hispanic Mental Health was held on March 20-21, 2000, to develop an Agenda for Hispanic Mental Health and an Action Plan for achieving the agenda. This document contains the preliminary action items developed and ratified by the National Congress on March 21<sup>st</sup>. The Action Plan is envisioned by the Congress as a living document that will undergo continuous revision as the Hispanic mental health community grows and coalesces around its Agenda for Mental Health.

The Action Plan was developed by the National Congress participants who addressed five activity areas: community mobilization, marketing, policy, accountability, and research. The groups gave priority to those goals and recommendations in the Agenda that were most likely to benefit from the activity under consideration by the groups. In many cases, current and potential partners with Hispanic mental health leaders were at the table during the Action Planning process. Many action items reflect commitments made by partners during the deliberations. These commitments are identified by using the term "will" in the action language. Other partnerships and corresponding commitments have yet to be forged. Action items envisioned for future partnerships are identified using the term "should" in the action language. Forging new partnerships and corresponding commitments is a critical next step for the National Congress.

Many action items refer to various Federal agencies. Many of the actions proposed for Federal agencies require Congressional authorization and appropriations.

Individual commitments will ultimately make or break the Agenda. During the second day of the Congress, participants and partners were asked to make individual commitments to achieving the Agenda. These have been submitted to the Steering Committee and will become an integral part of the Action Plan as it evolves. The Congress appreciates the willingness of many people to make personal commitments to help improve Hispanic mental health in America. This willingness alone provides strong evidence of the viability and potential for success of this ambitious enterprise.

Time constraints prevented action items from being developed for each recommendation or each possible contributor to achieving the Agenda. It was understood that further work would be needed before a fully comprehensive Action Plan could be completed. This task is a critical next step for the Steering Committee as it continues the work of the National Congress.

# **Cross-Cutting Actions**

**GOAL:** To achieve the overall goals and recommendations of the National Agenda for Hispanic Mental Health.

**Discussion:** All of the workgroups identified the need for a permanent entity to champion the national Agenda and promote accomplishment of the Action Plan. In addition, increased Hispanic representation on the widest possible variety of mental health organization governing boards and advisory groups was determined critical by all. Concrete action items that cross-cut all of the goals and recommendations contained in the Agenda follow:

Action Plan: C	Action Plan: Cross Cuts	
Actor:	Action:	
Federal Agencies	The Department of Health and Human Services (HHS) Agencies should mandate Hispanic representation on all mental health national boards and at all levels of professional organizations.	
	The Substance Abuse and Mental Health Services Administration (SAMHSA) will establish and fund a national Latino Consumer Council.	
	Agencies doing data collection on mental health statistics should require reporting by ethnicity.	
	SAMHSA should champion the adoption of cultural competence standards for mental health nationwide.	
National Organizations	• The organizers of the National Congress should form a representative body to continue the work of the Congress. The current designation of "The Steering Committee" can continue to be used and is referenced as such in this Action Plan.	
	• The Steering Committee should explore the best vehicles to follow up and institutionalize, with adequate funding within a definite time frame, the recommendations of the National Congress.	

The National Agenda On Hispanic Mental Health - Action Plan

Actor:	Action:
	<ul> <li>National, State, and local advocacy groups should recruit and retain Hispanic members on their board and advisory committees.</li> <li>All payers, accreditors, licensors, and program regulators should adopt and implement a Cultural Competence Report Card that is used to measure the extent to which culturally competent mental health services are being delivered. For example, the Report Card should measure:         <ul> <li>% bilingual staff (all levels);</li> <li>amount of cultural competence training provided;</li> <li>consumer satisfaction regarding cultural competence;</li> <li>penetration rates in Hispanic communities;</li> <li>retention rates of Hispanics in treatment;</li> <li>evidence of written policies and procedures on cultural competence.</li> </ul> </li> </ul>

## **CONSUMER, FAMILY & COMMUNITY EDUCATION**

**GOAL:** To develop and implement nationwide Hispanic-specific mental health education and training programs in partnership with Hispanic community support networks (e.g. faith-based, community-based organizations (CBOs), and practitioners, etc.).

**Discussion:** Consumer and family representation at all levels was the dominant theme for this topic. Viewing knowledge as power, many workgroups emphasized the need to provide a wide array of training and educational opportunities to consumers and families that would help them become more effective in exercising their representative functions.

**Recommendation 1.1**: Include Hispanic representation on national, State, and local mental health advocacy group boards in order to address Hispanic issues and concerns in all programs and policy recommendations.

Action Plan: C	Action Plan: Consumer, Family and Community Education	
Actor:	Action:	
Federal Agencies	Federal agencies should make mental health funding contingent upon Hispanic representation on governing boards of recipient organizations.	
National Organizations	The Steering Committee should request a list of current Hispanic representatives/members known by national organizations on boards and committees.	
	• The Steering Committee should also request the name of a contact person from each national mental health organizations and their affiliates for the Committee to work with on future projects.	
	• The senior staff of boards and committees of national mental health organizations should include mentoring and training to develop Hispanic professional staff as part of their duties and responsibilities.	

The National Agenda On Hispanic Mental Health - Action Plan

Actor:	Action:
Communities	<ul> <li>Mental health governing boards and advisory bodies should recruit Hispanic consumers who are willing to be board and advisory representatives.</li> <li>Mental health governing boards and advisory bodies should mentor and sustain consumer representatives.</li> </ul>
Providers	<ul> <li>Provider organizations should recruit Hispanic providers who are willing to be board and advisory representatives.</li> <li>Provider organizations should mentor and sustain consumer representatives.</li> </ul>

**Recommendation 1.2**: Ensure funding for Hispanics in proportion to the demographics and need to achieve the goal.

**Discussion:** This fundamental recommendation was viewed as critical to the Agenda despite its breadth and scope. While a number of concrete action items were developed, the workgroups also determined that several broad approaches should be emphasized, including: (1) requiring proportional allocations to Hispanics eligible for Federal programs, (2) identifying specific examples of disparities to be remedied, rather than dealing in generalities, and (3) using population demographics as criteria for funding allocations. Specific action items follow:

Action Plan: Consumer, Family and Community Education	
Actor:	Action:
Federal Agencies	<ul> <li>SAMHSA should support grant writing and community training/education for Hispanic consumers, families, providers, advocates. Funding for 25 programs in 25 States should be the objective.</li> <li>HHS agencies should increase Hispanic involvement in reviewing funding decisions in order to strengthen cultural competency requirements and to provide understanding of Hispanic issues and approaches.</li> </ul>

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Actor:	Action:
State & Local	The National Association of State Mental Health Program Directors (NASMHPD) will report on population demographics to each State Mental Health Authority and State Mental Health Planning and Advisory Council to insure proportional funding.
Provider, National Organization, University, Consumer	Hispanic organizations should apply for funding for services, programs, policy development, research, data collection, and evaluation.

**Recommendation 1.3**: Educate government and elected officials on Hispanic-specific needs and issues.

Action Plan: Consumer, Family and Community Education	
Actor:	Action:
Federal Agencies	HHS should fund training on Hispanic cultural competency by an Hispanic organization for elected officials.
	• National Institute on Mental Health (NIMH) should support initiatives to identify needs and treatment gaps among Hispanics.
	SAMHSA should establish national forums to be educated by Hispanic consumers and community members on Hispanic needs and issues.
States	All State Mental Health Planning and Advisory Councils should have at least one Hispanic consumer representative.
	States should provide Hispanic cultural competency training for State employees to address specific local community and consumer issues and needs.

The National Agenda On Hispanic Mental Health - Action Plan

Actor:	Action:
National Organizations	The Steering Committee should identify critics and supporters to educate the critics and to rally the supporters to then educate government and elected officials.
	• The Steering Committee should strategize to engage policymakers and money holders "por la buena." Find the rationale that shows them the win-win approach. Begin by informing the aides of legislators.
	The Steering Committee should work with and educate the Congressional Hispanic Caucus and the National Association of Latino Elected Officials (NALEO).
Community/ Consumer	Hispanic Congress participants should present recommendations of this National Congress to State and county elected officials.
	• The Steering Committee should provide the recommendations of this Congress to Mrs. Gore's office. (This agenda item was completed on June 7, 2000).
	NASMHPD should consider the National Agenda for Hispanic Mental Health.
Providers/ University Professors	Service programs and researchers should contribute data and research information that will provide evidence of Hispanic-specific needs and issues by initiating projects and participating in initiatives.

**Recommendation 1.4:** Promote consumers and families as equal partners with decision makers in policy development, funding allocation, program design, and service delivery models.

**Discussion:** In general, the workgroup reasoned that publicly funded programs should be required to demonstrate the inclusion and incorporation of consumers and families in all mental health program design and implementation decisions, particularly funding decisions. Consumers should be actively engaged and recruited to participate in decision-making at all levels of the mental health delivery system. Specific action items follow:

The National Agenda On Hispanic Mental Health - Action Plan

Action Plan: Consumer, Family and Community Education	
Actor:	Action:
Federal Agencies	HHS - SAMHSA, NIMH, Health Resources and Services     Administration (HRSA) should include Hispanic consumers as decision makers in funding reviews.
National Organizations	A national organization should be identified that will create and maintain a database of trained mental health consumers.
Consumers	• Consumers should volunteer and participate in training to prepare for their role as equal partners.
	• Each current active consumer/advocate should mentor and assist one new consumer.

**Recommendation 1.5**: Train and educate Hispanic consumers and families to become advocates, to impact legislation, and to create bureaucratic changes.

Action Plan: Consumer, Family and Community Education	
Actor:	Action:
Federal Agencies	<ul> <li>Selected Federal agencies should fund Hispanic-specific sponsors to establish and enhance community-level coalitions.</li> <li>Selected Federal agencies should fund Hispanic-specific initiatives to educate and train Hispanic consumers/families on public speaking, data issues, policy development, grant writing, program development, and self-sufficiency for sustainability.</li> </ul>

The National Agenda On Hispanic Mental Health - Action Plan

Actor:	Action:
State & Local	SAMHSA should increase funding for CMHS Technical Assistance Centers for specific technical assistance to assist the Congress' Latino consumer constituents, "Tenemos Voz", to advocate for mental health policies.
	States should conduct local and Statewide public hearings and open forums that allow Hispanic community level input regarding specific Hispanic mental health needs and issues.
	• States should compile and disseminate existing Hispanic mental health services and information that identifies resources in the areas of prevention, treatment, research, funding, and consumer-run services.
National Organizations	All national mental health organizations should develop and enhance social marketing strategies that are culturally and linguistically competent in partnership with consumers, families, providers, and policymakers.

**Recommendation 1.6**: Educate funding sources to support relevant Hispanic community issues for consumer/family driven community-based research which will result in an increase in Hispanic-funded initiatives.

**Discussion:** The workgroups envisioned establishing a council/coalition which serves as a contact point to identify and advocate for Hispanic community-based mental health research issues. This recommendation overlaps with the recommendations addressed in Hispanic Research. Action items are addressed under Hispanic Research.

# ACCREDITATION, STANDARDS, REGULATION AND HUMAN RESOURCES

**GOAL**: To develop an adequate cadre of culturally competent personnel to resolve the national crisis in mental health services for Hispanics.

**Recommendation 2.1:** Attract Hispanic leadership and professional involvement in mental health, and increase awareness of Hispanic mental health needs and opportunities in our own community and mainstream institutions and policy forums.

**Action Plan:** See Action Items for Recommendation 1.1 (p. 3) and 1.3 (p. 5)

**Recommendation 2.2:** Actively recruit and retain an Hispanic mental health workforce at all educational and skill levels, including traditional and non-traditional service providers.

Action Plan: Accreditation, Standards, Regulation and Human Resources		
Actor:	Action:	
Federal Agencies	HRSA should develop a mechanism under which foreign-trained mental health professionals can be assessed and credentialed in this country if qualified.	
State & Local	States and localities should increase salaries to offer pay- incentives/differentials for bilingual, bicultural professionals.	

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Actor:	Action:
Community	Hispanic community/consumer leaders should pursue Federal legislation to train an Hispanic mental health workforce, ranging from paraprofessionals to professional graduates.
	• Consumer groups should (1) develop peer leadership programs; (2) use peer support models; and (3) develop practical day-to-day mentoring programs.
	Hispanic community/consumer leaders should develop strategies targeting students in junior high and high schools to promote careers in the mental health service field.
	• Hispanic communities should enhance the existing mental health workforce by encouraging participation in continuing education and supporting students by awarding stipends for those entering the mental health profession.
National Organizations	• Selected national organizations should facilitate the process of providing students in higher education with an opportunity to further their mental health careers.
	Accreditation organizations should support credentialing process that will enhance a special workforce to serve Hispanics with mental health needs.
Universities & Colleges	<ul> <li>Colleges and Universities should recognize the effectiveness of paraprofessionals and "promotoras" and develop training to prepare individuals entering this field and further train those who are already providing services.</li> </ul>

#### The National Agenda On Hispanic Mental Health - Action Plan

**Recommendation 2.3:** Reform education and training at all levels by incorporating Hispanic mental health and culturally competent curriculum, in partnership with academia, public and private sectors, consumers, and families, to meet Hispanic mental health needs.

Action Plan: Accreditation, Standards, Regulation and Human Resources		
Actor:	Action:	
Federal Agencies	SAMHSA and HRSA should include cultural competency training curricula in all grants, contracts, and other funding mechanisms.	
State & Local	• States should require that part of licensing requirements for professionals include training specific to the populations being served.	
College & Universities	<ul> <li>Colleges and Universities should make changes in curricula to address the needs of the Hispanic community and to provide for cultural and linguistic competence.</li> </ul>	
	<ul> <li>Accreditors of academic institutions should require the addition of cultural competency curricula at colleges and universities.</li> </ul>	

**GOAL:** To establish performance outcome-based accountability across systems.

**Recommendation 2.4:** Implement the national Hispanic mental health cultural competence standards and the national performance measures within Health Care Financing Administration (HCFA) regulations and clinical and professional accreditation. (e.g. Joint Commission on Accreditation of Healthcare Organizations, National Committee for Quality Assurance, and Commission on Accreditation of Rehabilitation Facilities, etc.)

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Action Plan:	Accreditation, Standards, Regulation and Human Resources
Actor:	Action:
Federal Agencies	<ul> <li>HCFA should provide funds to monitor the compliance of the national Hispanic mental health cultural competence standards as part of the conditions for participation in Medicare and Medicaid programs.</li> <li>SAMHSA should require implementation of the cultural competence standards for all block grant recipients and should monitor the implementation of the standards. SAMHSA should include monitoring of the cultural competence standards in the State mental health block grant monitoring visit.</li> <li>SAMHSA should allocate funding to monitor compliance with implementation of the National Latino Mental Health Cultural Competence Standards.</li> <li>NASMHPD (function under National Governors' Association) should promote the implementation of the cultural competence standards by all State mental health authorities.</li> <li>The Steering Committee and the National Latino Behavioral Health Workgroup should support the cultural competence standards before the Office of Minority Health (Office of Public Health and Science).</li> </ul>
State & Local	States should require that providers meet the cultural competence standards in order to participate in the Medicaid program.

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Actor:	Action:
Community	Accrediting and licensing bodies and private insurors should include cultural competence in their performance expectations for providers and provider organizations.
	• Latino consumers and families should develop assessment monitoring teams to evaluate cultural competency of mental health services for Hispanic consumers. The National Alliance for the Mentally Ill (NAMI), National Mental Health Association (NMHA), and Federation of Families for Children's Mental Health affiliates, as well as other consumer and family groups, should support and encourage monitoring for cultural competence.
Colleges & Universities	The Steering Committee and representatives from the National Latino Behavioral Workgroup should meet with the American Association of Medical Colleges (AAMC) and the American Medical Association (AMA) to address the concern of including mental health in the cultural competence standards already in place.

**Recommendation 2.5:** Implement and enforce clinical access, outcome standards at national, State, and local levels.

Action Plan: Accreditation, Standards, Regulation and Human Resources		
Actor:	Action:	
Federal Agencies	• SAMHSA should appoint and convene a task force comprised of State mental health authorities and representatives of other key national organizations to review and reach consensus on the adoption and implementation of the National Agenda for Hispanic Mental Health at the State and local level.	
State & Local	• States should hire a director of cultural competence at every State Mental Health Authority.	

**Recommendation 2.6:** Promote integration of the cultural competence standards and accountability measures across systems that interface with mental health. (e.g. justice, welfare, education, housing, primary care, etc.)

The National Agenda On Hispanic Mental Health - Action Plan

Action Plan: Accreditation, Standards, Regulation and Human Resources	
Actor:	Action:
Federal Agencies	• Selected Federal agencies should build accountability for implementation of cultural competence standards into performance of the grants, programs, and contracts.
	<ul> <li>Selected Federal agencies should provide technical assistance to the community, including consumers, on the implementation of the standards.</li> </ul>
Community	• Consumers should consider legal forums to stimulate the creation of administrative and legislative changes in States and local governments for implementation of cultural competence standards.
	<ul> <li>Professional organizations and associations should support consumers who become involved in monitoring and collecting data on access and service outcomes.</li> </ul>
Colleges & Universities	Academic institutions should teach and train administrators about accountability methods in meeting the standards as proposed.

# PREVENTION AND EARLY INTERVENTION

**GOAL**: To improve prevention and early intervention services in the community. What are the things that we want to see happening?

**Recommendation 3.1:** Enforce and make accountable an information and referral system that is comprehensive and that reaches the Latino population effectively and with FUERSA (<u>f</u>ocus on cultural competence, <u>u</u>tilizing the community, <u>e</u>very-domain specific, <u>r</u>einforce cultural values, strength-based, across ages).

Action Plan: Prevention and Early Intervention	
Actor:	Action:
Federal Agencies	• All Federal agencies that create materials and literature on Hispanic mental health should translate them into Spanish, using proper Spanish and adapting them to reflect Hispanic needs and issues (from community mobilization).

**Recommendation 3.2:** Train primary care providers with FUERSA in screening of mental health disorders.

**Action Plan:** Under Discussion By Key Stakeholders

**Recommendation 3.3:** Develop a user- and child-friendly mental health community education system for prevention, which is responsive to the needs of the Hispanic population.

**GOAL**: To focus on positive development programs across the age span.

**Action Plan:** Under Discussion By Key Stakeholders

**Recommendation 3.4:** Provide community-based services in early childhood care and education for children 0 to 5 years (e.g. expand Head Start beyond 40% children eligible in Hispanic community) with a family and community focus, from a strength-based perspective, by expanding Head Start.

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Action Plan: 1	Prevention and Early Intervention
Actor:	Action:
Federal Agencies	• Federal agencies should require contractors to provide a historical demonstration of cultural competent services for 0 to 5 years which are reflective of Hispanic communities.
	Administration for Children and Families (ACF) should fund Head Start Programs to proportionally reflect the population of the Hispanic community.
	HHS should provide community development training and technical assistance to Hispanic community-based organizations to apply for and to operate Head Start programs.
	ACF should require future and current Head Start grantees to identify and/or demonstrate their ability to serve Hispanic communities.
	ACF should require Head Start Technical Assistance Centers to hire culturally competent professionals for the Hispanic community.
National Organizations	The National Head Start Association, in partnership with HHS, should create an annual report of under-served Hispanics.
	The Family Resource Coalition should provide technical assistance for the development of culturally and linguistically appropriate information.

**Recommendation 3.5:** Provide school-based services, including before and after services, and community-based services for children and youth 5 to 20 years, with a family and community focus, from a strength-based perspective.

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Action Plan: Prevention and Early Intervention	
Actor:	Action:
Federal Agencies	• CMHS should target children's mental health services Systems of Care funds to high-risk Hispanic youth and families.
	SAMHSA and the Department of Justice, Office of Juvenile Justice and Delinquency Prevention, (OJJDP) should underwrite innovative programs to reduce the high proportion of Hispanic youth in the juvenile justice system.
State & Local	States and localities should develop and implement forensic mental health programs that focus on recovery and integration into community life.
Community	• States and localities should develop and implement culturally competent disaster and crisis response plans, in partnership with school boards, parents, youth, CBOs and others.
	Communities should establish school and community-based enrollment sites.
National Organizations	Selected national organizations should provide technical assistance on Medicaid reimbursement for mental health services to schools and community-based organizations.
Providers	CBOs and schools should develop partnerships to provide culturally competent mental health services in co-located programs.
	CBOs should provide adjunctive services (e.g. vocational, supportive housing, employment) that involve peer and para-professional constituents along side mental health services.
	CBOs, in partnership with the Department of Education, should underwrite CBO mental health services with full-time culturally competent staff in each school.
	CBOs and the National Association of School Based Health Centers should develop partnerships to provide early intervention and prevention services in school health clinics.

# The National Agenda On Hispanic Mental Health - Action Plan

**Recommendation 3.6:** Provide community- and home-based mental health services for elderly care and development, with a family and community focus, from a strength-based perspective.

**Discussion:** The workgroup recognized that creation of Medicare pharmaceutical benefits is crucial to improving mental health services for all older Americans, including Hispanics. Other specific action items include:

Action Plan: Prevention and Early Intervention	
Actor:	Action:
Federal Agencies	Administration on Aging (AOA) should implement an Hispanic- focused mental health initiative.
	Government research agencies should actively seek the Hispanic elderly for participation in the design and implementation of research on Hispanic mental health issues.
	Federal and State agencies should develop and disseminate culturally competent educational and informational materials for the Hispanic elderly.
Community	Hispanic community/consumer leaders should sponsor development of culturally competent, faith-based outreach programs.
National Organizations	National and community philanthropies should partner with CBOs to develop and fund culturally competent services within the next year.
	CBOs should use peer community outreach workers to serve the Hispanic elderly.
	Communities should develop and fund programs that foster intergenerational learning and support.
	• Selected national organizations should develop programs that create a public awareness to identify, prevent and treat elder abuse.
Providers	Provider agencies should develop public education campaigns targeting the Hispanic elderly to eliminate the stigma of mental illness.

# MENTAL HEALTH SERVICES

**GOAL:** To improve mental health services and service outcomes for Hispanic consumers.

**Recommendation 4.1:** Create and/or change Federal, State, and local policy to eliminate Hispanic health disparities and support the delivery of efficient, effective, and innovative mental health services in all settings.

**Discussion:** The workgroup determined that in order to promote and foster the wellness of all Hispanics, mental illness needs to be seen as a health condition that must be understood in a social, cultural, and linguistic context. In addition, quality, comprehensive, and effective services must be delivered in a manner that incorporates traditional and nontraditional interventions that competently meet the needs of Hispanic populations.

Action Plan: N	Mental Health Services
Actor:	Action:
Federal Agencies	SAMHSA and HCFA will work with the Steering Committee to set up an effective dialogue about parity and the elimination of ethnic disparities.
	HCFA should expand the dollars dedicated to mental health services and maintain efforts.
	HCFA is funding the Childrens Health Insurance Program (CHIP) that extends services to Hispanic children.
	HCFA should consult with SAMHSA and the Steering Committee to identify the best opportunities for improving mental health services for Hispanic children.
	HCFA should produce a biannual accountability report on how CHIP dollars have been used to provide mental health services to Latinos.
	• The National Self-help Clearinghouse will (1) develop a web site, and (2) disseminate information about cultural competence and mental health services.

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Actor:	Action:
State & Local	New Mexico will ask the Governor's Planning Council to prepare a report relative to mental health services for Latinos.
	Western Interstate Commission for Higher Education (WICHE) will present its commissioners with the National Agenda on Hispanic Mental Health.
	WICHE will request data from the 15 western States about Hispanic needs and services.
	States should collect data and appropriate dollars for Medicaid matched funds.
	• The Steering Committee, in order to create data to drive policy to increase funding for mental health services, should develop reliable information to target communities with Latino mental health consumers. Set up a Web site for responses to be returned in a short amount of time.
	Wyoming will take the lead and work in partnership with NMHA and National Council for Community Behavioral Healthcare in obtaining data on Hispanic needs and services.
National Organizations	NMHA is organizing coalitions to look into the CHIP programs at the local level.
	NMHA will distribute the data on CHIP plans, distribute information on coalitions that are currently working on this issue, provide case studies, and encourage affiliates to get involved in the survey process.
	• The National Hispanic Medical Association will request that physicians in NMHA's national database of physicians participate in information collection on mental health service utilization relative to Latino clients.
	The National Council for Community Behavioral Healthcare, will work with 39 State associations to coordinate and participate in information collection on mental health service utilization relative to Latino clients.

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**Recommendation 4.2:** Public and private new and existing funding streams must close gaps and eliminate disparities in mental health services for Hispanics.

Action Plan:	Mental Health Services
Actor:	Action:
Federal Agencies	SAMHSA should include funds for Hispanic-specific mental health services in the budget request of the agency.
	SAMHSA's Administrator will, under "eliminate health disparities initiative," request additional funding from all Federal agencies to fund Hispanic mental health services.
	• SAMHSA's Administrator will develop partnerships with other Federal agencies to obtain funding to address the needs of the disparity and the Hispanic population.
	HCFA should provide information as to the number of consumers disenrolling because Health Maintenance Organizations do not provide adequate mental health services.
	The Steering Committee should support the request from Tenemos Voz for the technical assistance.
National Organizations	National Mental Health Consumers Clearinghouse will provide technical assistance to Latino consumers regarding participating in research projects such as surveys, the census, and questionnaires.

**Recommendation 4.3:** Programs must deliver quality, comprehensive, efficient and effective mental health services, providing innovative interventions that are culturally and linguistically competent to all Hispanics.

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Action Plan:	Mental Health Services
Actor:	Action:
Federal Agencies	SAMHSA should provide funds to carry innovative mental health programs that are culturally and linguistically competent to Hispanics in juvenile detention centers and self-help centers.
	CMHS community action grants should change the criteria for "exemplary practice" to enable innovative interventions that are culturally competent to be implemented in Latino communities.
Community	• Consumers should work with the State Medicaid agencies to participate in the "demonstrations to maintain independence" project in a culturally competent way with the Latino community.
National Organizations	Technical Assistance Centers will work with HCFA to disseminate information relative to the "demonstration to maintain independence."
	• The Steering Committee should work with and follow up with HCFA on the "demonstration to maintain independence" and follow up on appropriation language for FY 2000.

# **HISPANIC RESEARCH**

GOAL: To improve Latino mental health and substance abuse services through research.

**Recommendation 5.1:** Make Latino mental health and substance abuse research an immediate priority for funding agencies in order to promote effective, culturally/linguistically competent services and outcomes directly relevant to Latinos, consumers, families, and the community.

Action Plan: Hispanic Research	
Actor:	Action:
Federal Agencies	• Within the next 4 years, research funding agencies should demonstrate increased budget allocations for Latino mental health/substance abuse research that reflect the proportion of Latinos in the U.S. and its territories (approx. 13% in 2000). (Research and Community Mobilization).
	• CMHS and NIMH will convene a meeting in FY 2000 between Latino community representatives and legislators at the Federal, State and local level to present them with data on mental health/substance abuse needs in the Latino community in order to develop political support for a Latino mental health/substance abuse research agenda.
	• Within 6 months of the meeting with legislators, CMHS and NIMH also will convene a meeting between Latino community representatives and mental health/substance abuse research funding agencies, including both Federal agencies, Managed Care Organizations, and private foundations.
	CMHS should have ongoing consultation with an advisory council of Latino consumers, families, researchers, and providers to ensure that the Mental Health Statistics Improvement Program (MHSIP) program will meet the needs of the national Latino community.
	• The CMHS Division of State and Community Systems should, within the next 3 months, provide to CMHS Advisory Council members a report of the MHSIP data on Latino consumer access to services,

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Actor:	Action:
	and representation in utilization by age, type of services, and diagnoses. Cost estimates should be provided where possible.
	SAMHSA and NIH should make a concerted effort to increase Hispanic research leadership and manpower at each of these agencies.
	The HHS research agencies should insist that research is put into practice, encourage action research that includes consumers, and support development of a loop for improvement of practice.
	Research agencies should issue requests for applications that include cultural and linguistic competence standards.
	• Create a location for collection and access of research findings. Make research accessible to the community.
	Develop materials and literature that bring the content and findings of research to the community and to consumers.
State & Local	• States should provide set-asides for Hispanic-focused mental health applied research with cultural competency funding criteria (community mobilization item).
Community	• The Steering Committee should sponsor creation of a research agenda for Hispanic mental health. The research agenda should involve consumers so that the research is relevant to the Hispanic community.
	• Include consumers at all levels of research such as planning, implementation, analysis, interpretation, and dissemination.
	HHS should create an inventory of the Hispanic researchers and program managers in Federal agencies.
National Organizations	Also See Federal agencies.
Colleges & Universities	University researchers will develop a report on the State of mental health research, demographics, and service needs in preparation for the NIMH/CMHS-sponsored meetings with legislators and funding agencies.

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Actor:	Action:
	A National Congress participant will take these recommendations to the head of health programs for the MacArthur Foundation in order to enlist participation in this process at the earliest stage possible.

**Recommendation 5.2:** Substantially increase the number of Latinos who conduct research in mental health and substance abuse.

Action Plan: Hispanic Research	
Actor:	Action:
Federal Agencies	HHS agencies should provide an inventory of currently funded Latino mental health and substance abuse research projects and identify those with Latino principal investigators.
	• Federal agencies, professional organizations, universities, and foundations should fund graduate training scholarships for Latino students interested in research in mental health/substance abuse.
	• Congress participants will approach Latino-owned businesses, national corporations, insurance companies, and a wide range of other funding sources in the private sector to provide funds for training Latinos to pursue research in mental health and substance abuse. These funds should be made available to students at the high school, undergraduate, and graduate levels.
	Federal funding agencies should consider a supplement for incorporating consumer researchers, similar to the minority supplement.
	NIH, HRSA, and the Agency for Healthcare Research and Quality (AHRQ) should adopt SAMHSA's requirements for including consumers as research partners.
	• Federal agencies should reinState mentorship programs to foster the training and development of junior and new Latino investigators by pairing them with senior Latino investigators.

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Actor:	Action:
State & Local	• State and county mental health authorities should develop partnerships with State universities to form research alliances around local Latino mental health and substance abuse needs.
Community	The SAMHSA-funded consumer and consumer-supported technical assistance centers should provide Latino consumers with research.

**Recommendation 5.3:** Identify, develop, evaluate, and disseminate innovative research models and methods that are appropriate for use in Latino communities. These multi-modal and multi-disciplinary research models should include built-in mechanisms for ongoing feedback from consumers, communities, and other stakeholders.

Action Plan: Hispanic Research		
Actor:	Action:	
Federal Agencies	Federal research agencies should engage Hispanic consumers and families in translating relevant research for application in real world clinical settings.	
Community	Researchers should seek advice and guidance from Hispanic providers on providers' needs and how research results can be used to meet those needs.	

## **Conclusion: Priorities for Action**

The National Congress completed its National Agenda for Hispanic Mental Health and the first iteration of its Action Plan. The Steering Committee identified several specific priorities requiring short term attention. These priorities are described below and were presented to Mrs. Gore at a briefing session on June 7, 2000.

Assuring Access to Mental Health Care and Supportive Services - A number of steps can be taken to reduce barriers to care. Such steps can address health policy and institutional barriers. With regard to health policy barriers, health insurance that provides coverage for mental health services is imperative for Hispanics. Without such insurance, economic barriers will continue to prevent Hispanics from seeking care.

Health policies must ensure prevention and early intervention services across the life cycle that are responsive to the Hispanic community and culture, in order to improve mental health and reduce demands on the service systems.

With regard to institutional barriers, facilities must be operated in a manner that ensures providers and all staff reach out to consumers and their families within their communities and homes and across all service systems, such as community health centers, substance abuse treatment services, welfare, criminal justice, and foster care, in order to treat persons from low income communities.

To further address institutional barriers, close gaps, and eliminate service disparities, cultural competence standards must be incorporated into all service systems, effectively making every door an open door to culturally relevant and appropriate care.

Conducting Relevant Research to Inform Service Delivery - Considerable gains have been made in developing pharmacologic and psychosocial interventions for the general population. Collaborative research efforts must be undertaken to insure the effectiveness of these State-of-theart treatments for Hispanics. With regard to psychosocial interventions, that is, those treatments in which patients and their families learn how to successfully address their illness, it is critical that such interventions can be validated both culturally and linguistically for Latinos. With regard to psychopharmacological treatment, clinical trials of existing and new medications must be carried out with Hispanics to insure their effectiveness with this ethnic group.

Services exist to effectively treat a wide range of mental health problems. Validation of such treatments both culturally and linguistically is imperative for Hispanics. Further, such efforts are needed to learn which specific interventions work best for Hispanics and the conditions and contexts under which best care is possible, from faith community and family to home and community.

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Improving Human Resources and Training the Next Generation - The mental health service needs of a growing Hispanic community must be met with a significant infusion of culturally competent and linguistically appropriate personnel into community-based systems across the country. Most importantly, Hispanics need to be appointed to key leadership positions at the national, State, and local levels, with a specific commitment to work towards a Federal government workforce that is representative of the U.S. population. Hispanics must be recruited actively to work at all skill levels within the mental health workforce. Staff who are culturally and linguistically competent and are knowledgeable of the socio-cultural basis of Hispanics' daily lives are essential. Initiatives should be undertaken to increase the numbers of bicultural and bilingual professionals. Further, strategies must be developed to attract Hispanic youth to mental health careers.

Primary care providers -- not just mental health professionals -- must be trained to provide appropriate and regular screening for mental health disorders, using a strength-based, culturally competent approach. In addition, establishing collaborative relations between primary care providers and mental health specialists can increase accessibility to mental health care and improve consumers' mental health status. This is particularly critical because Hispanics with mental disorders are more likely to seek care from primary care providers than mental health specialists.

Finally, cultural competence training should be a part of all training and educational curricula and a requisite for licensing and credentialing for all workers in the field of mental health.

Ensuring Accountability - Performance measures and outcome-based accountability across systems of care must be put into place to ensure that the Hispanic community's mental health needs are being met. Actions taken must ensure that mental health cultural competence standards and national performance measures are included in all regulations, professional accreditations, grants/contracts, State-based certifications, and college/university credits. Such accountability must extend beyond the mental health service system to other systems which interface with mental health, including justice, welfare, education, housing, and primary care.

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330 C Street, S.W., Room 2134

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National Institutes of Health

6001 Executive Boulevard

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Bethesda, MD 20892-9659

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Fax: (301) 443-8022

*E-Mail:* jr46b@nih.gov

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# **Directory of Federal Resources**

#### Lead Agencies

Office of the U.S. Surgeon General

5600 Fishers Lane Rockville, MD 20857 Tel: 301-443-4000 Fax: 301-443-3574

Web site: www.surgeongeneral.gov

Center for Mental Health Services Knowledge Exchange Network

P.O. Box 42490 Washington, DC 20015 Tel: 800-789-CMHS (2647)

Fax: 301-984-8796

Email: ken@mentalhealth.org Website: www.mentalhealth.org

National Institute of Mental Health Office of Communications and Public Liaison 6001 Executive Boulevard Room 8184, MSC 9663 Bethesda, MD 20892-9663

Tel: 301-443-4513 TTY: 301-443-8431 Fax: 301-443-4279 Email: nimhinfo@nih.gov

Website: www.nimh.nih.gov

Substance Abuse and Mental Health Services Administration

Room 12-105 Parklawn Building

5600 Fishers Lane Rockville, MD 20857 Website: www.samhsa.gov

Center for Substance Abuse Treatment

Website: www.samhsa.gov/csat

Center for Substance Abuse Prevention Website: www.samhsa.gov/csap

#### Department of Health and Human Services Agencies

Office of the Secretary 200 Independence Avenue, S.W.

Washington, DC 20201 Tel: 202-690-7000

Website: www.hhs.gov/progorg/ospage.html

Administration for Children and Families 370 L'Enfant Promenade, S.W. Washington, DC 20447

Website: www.acf.dhhs.gov

Administration on Aging National Aging Information Center 330 Independence Avenue, SW Washington, DC 20201

Tel: 202-619-7501

Tel: 800-677-1116 (Eldercare Locator)

Email: <u>AoAInfo@aoa.gov</u>
Website: <u>www.aoa.dhhs.gov</u>

Agency for Health Care Policy and Research Publications Clearinghouse P.O. Box 8547 Silver Spring, MD 20907

Tel: 800-358-9295 Website: www.ahcpr.gov

Agency for Toxic Substances and Disease Registry

Tel: 888-42-ATSDR or 888-422-8737

Email: ATSDRIC@cdc.gov Website: www.atsdr.cdc.gov

Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30333 Tel: 800-311-3435 or 404-639-3534

Wahaita www ada aay

Website: www.cdc.gov

Food and Drug Administration Center for Drugs, Evaluation and Safety 5600 Fishers Lane, RM 12B-31 Rockville, MD 20857

Tel: 888-INFO-FDA (888-463-6332)

Web-site: www.fda.gov

Health Care Financing Administration 500 Security Boulevard Baltimore, MD 21244 Tel: 410-786-3000

Website: www.hcfa.gov

Health Resources and Services Administration Clearinghouse on Maternal and Child Health 2070 Chain Bridge Road, # 450

Vienna, VA 22182 Tel: 888-434-4MCH Website: www.nmchc.org Indian Health Service Headquarters East Parklawn Building 5600 Fishers Lane Rockville, MD 20857 Website: www.ihs.gov

National Institutes of Health

Bethesda, MD 20892

Email: NIHInfo@od.nih.gov Website: www.nih.gov

Program Support Center 5600 Fishers Lane Rockville, MD 20857 Website: www.psc.gov

Substance Abuse and Mental Health Services Administration Room 12-105 Parklawn Building 5600 Fishers Lane

Rockville, MD 20857 Website: <u>www.samhsa.gov</u>

#### **General Federal Government Websites**

Consumer Information Center Website: www.pueblo.gsa.gov

Health Finder

Website: www.healthfinder.gov

Mental Health: The Cornerstone of Health

Website: www.mentalhealth.org/cornerstone/index.cfm

National Library of Medicine Website: <a href="https://www.nlm.nih.gov">www.nlm.nih.gov</a>

National Women's Health Information Center

Website: <u>www.4woman.gov</u>

U.S. Consumer Gateway—Health Website: www.consumer.gov/health

#### **Additional Federal Resources**

Department of Education 400 Maryland Avenue, SW Washington, DC 20202-0498

Tel: 800-USA-LEARN Website: www.ed.gov

Department of Housing and Urban Development

451 Seventh Street, SW Washington, DC 20410 Tel: 202-401-0388

TTY: 202-708-1455 Website: www.hud.gov Department of Housing and Urban Development Office of Community Planning and Development

451 Seventh Street, SW, Room 7262

Washington, DC 20410 Tel: 202-708-4300 Fax: 202-708-3617

Website: www.hud.gov/cpd/cpdhome.html

Department of Justice

Housing and Civil Enforcement Section

Civil Rights Division P.O. Box 65998

Washington, DC 20035-5998

Tel: 202-514-4713 Fax: 202-514-1116

Website: www.usdoj.gov/crt/activity.html#hce

Department of Justice

Office of Americans with Disabilities Act

Civil Rights Division

PO Box 66118

Washington, DC 20035 Tel: 800-514-0301 Fax: 202-307-1198 TDD: 800-514-0383

Website: www.usdoj.gov/crt/ada/adahom1.htm

Equal Employment Opportunity Commission

1801 L Street, N.W. Washington, DC 20507 Tel: 202-663-4900

TDD: 202-663-4494 Website: www.eeoc.gov

National Clearinghouse for Alcohol and Drug Information (NCADI)

P.O. Box 2345

Rockville, MD 20847-2345

Tel: 800-729-6686 or 301-468-2600

Fax: 301-468-6433 TDD: 800-487-4889 Email: info@health.org Website: www.health.org

National Clearinghouse on Child Abuse and Neglect Information (NCCAN)

P.O. Box 1182

Washington, DC 20013-1182

Tel: 800-FYI-3366 or 703-385-7565

Fax: 703-385-3206

National Criminal Justice Reference Service (NCJRS)

P.O. Box 6000

Rockville, MD 20849-6000

Tel: 800-851-3420 or 301-519-5500

TTY: 877-712-9279 Website: <u>www.ncjrs.org</u> National Information Center for Children and Youth with Disabilities (NICHY)

P.O. Box 1492

Washington, DC 20013 Tel: 800-695-0285 Fax: 202-884-8441 E-mail: nichcy@aed.org Website: www.nichcy.org

National Institute on Aging/NIH

Alzheimer's Disease Education and Referral Center (ADEAR)

P.O. Box 8250

Silver Spring, MD 20898-8057

Tel: 800-43704380

Website: www.alzheimers.org

National Institute of Justice 810 Seventh Street, NW Washington, DC 20531

Website: www.ojp.usdoj.gov/nij

National Institute on Alcohol Abuse and Alcoholism/NIH

Office of Scientific Communication

6000 Executive Boulevard

Suite 409

Bethesda, MD 20892-7003

Tel: 301-443-3860

Website: www.niaaa.nih.gov

National Institute on Child

Health and Human Development/NIH

NICHD Clearinghouse

P.O. Box 3006

Rockville, MD 20847 Tel: 800-370-2943

Website: www.nichd.nih.gov

National Institute on Drug Abuse/ NIH 6001 Executive Boulevard, Room 5213

Bethesda, MD 20892-9561

Tel: 301-443-1124

Email: information@list.nida.nih.gov

Website: www.drugabuse.gov

National Institute on Neurological Disorders and Stroke/NIH

Office of Communications and Public Liaison

P.O. Box 5801 Bethesda, MD 20824 Tel: 301-496-5751

Website: www.ninds.nih.gov

Rehabilitation Services Administration U.S. Department of Education 330 C Street, S.W., Room 3211 Washington, DC

Tel: 202-205-5474

Website: www.ed.gov/offices/OSERS/RSA

Social Security Administration Office of Public Inquiries 6401 Security Boulevard, Room 4-C-5 Annex Baltimore, MD 21235-6401

Tel: 800-772-1213 TTY: 800-325-0778 Fax: 410- 965-0696 Website: www.ssa.gov

Veterans Health Administration 1120 Vermont Avenue. NW Washington, DC 20421

Tel: 800-827-1000.

Website: www.va.gov/health/index.htm